

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32523

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1103  
 City St. Louis (No. St. Anthony's Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 9629  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 555 Chamberlain St., 5 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Shapiro

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 11 29

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer) Tailor supplies  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Helna  
 (STATE OR COUNTRY) Russia

10. NAME OF FATHER Haskell Shapiro

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia  
 (STATE OR COUNTRY)

14. INFORMANT Mrs H. Balk nee Bellville  
 (Address) Wellville

15. FILED SEP 21 1909 May C. Stankoff  
 REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1909

17. I HEREBY CERTIFY, That I attended deceased from 16 Dec 1909 that I last saw him alive on Sept 27 1909, and that death occurred, on the date stated above, at 2:45 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Paranoma of bow  
46E  
 (duration) 3 yrs. 3 mos. 0 da.

CONTRIBUTORY (SECONDARY) 44B  
 (duration) 3 yrs. 3 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED St Louis mo  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Phys Exam - Lab - X Ray  
 (Signed) [Signature] M. D.  
Sept 27 1909 (Address) Truax Bldg St Louis mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bnai Amoona DATE OF BURIAL 9/30 1909

20. UNDERTAKER H A Berger ADDRESS 4715 McChesnut

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

